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VIA FACSIMILE: (571) 273-8300

PATENT
DON01 P-889

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Lun Yi Lao
Applicants : Chad D. Quist, Francis O'Brien and Niall R. Lynam
Serial No. : 09/817,874
Filed : March 26, 2001
Entitled : INTERACTIVE AUTOMOTIVE REARVISION SYSTEM
Group : 2673

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Via Facsimile: (571) 273-8300

Dear Sir or Madam:


CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Claims As Amended Transmittal Sheet (1 page, in duplicate)
2. Response (18 pages)

YOU SHOULD RECEIVE A TOTAL OF 21 PAGES.

Date: May 23, 2006


Susan L. Gasper
Van Dyke, Gardner, Linn & Burkhart, LLP
2851 Charlevoix Drive, S.E., Suite 207
P.O. Box 888695
Grand Rapids, Michigan 49588-8695
(616) 975-5500

TAF/slg

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 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450
 Via Facsimile No. 571-273-8300

Dear Sir or Madam:

Transmitted herewith is an amendment in the above identified application.
 The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 46	Minus	** 85	= 0	x \$25	\$.00	x \$50	\$.00
Independent Claims	* 3	Minus	*** 3	= 0	x \$100	\$.00	x \$200	\$.00
First Presentation of Multiple Dependent Claims					\$180	\$.00	x \$360	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$.00		\$ 0.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application has been established.
2. ☒ No additional Fee is required.
3. ☐ A check in the amount of \$_____ is attached.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.
A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: May 23, 2006

By Timothy A. Flory
 Timothy A. Flory, Registration No. 42 540
 2851 Charlevoix Drive, S.E.
 P.O. Box 888695
 Grand Rapids, Michigan 49588-8695
 (616) 975-5500

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Dear Sir or Madam:

RESPONSE

In response to the Office Action mailed February 17, 2006, having a four-month period of response ending June 17, 2006, and in response to the personal interview conducted May 17, 2006, Applicants wish to amend their application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 14 of this paper.